

1940
76
FEB 8 - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 - 1940
284

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8221
Registrar's No. 268

Registration District No. 284

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County Saint Louis County
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6128a Minerva Ave. ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community ten years
years, months or days)

3. (a) PRINT FULL NAME NETTIE THORNTON 153

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Chas. A. Thornton 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 2 10 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 26 _____ hr. _____ min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mintie Hopkins
(b) Address 6128a Minerva, Wellston Mo.

17. (a) burial (b) Date thereof 2/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director Boyd Bros.

(b) Address Lix & Stanze Aves, So. Kinloch

19. (a) FEB 8 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6128 Minerva Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1940 hour 8 minute 15 a. m.

21. I hereby certify that I attended the deceased from 2 - 1940 to 2-6- 1940
that I last saw her alive on 2-6- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Right Lung
23 _____

Due to _____
Due to 108

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.